



# Green Ridge Combo Camp

## 2010 Registration Form

### Part A: Child & Family Information

(please PRINT clearly in ink and use a separate form for each child)

My child will attend the following camps with Green Ridge Combo Camp (please see brochure for specific dates and times and list them below). **Fee is an additional \$85/child/week for members or \$100/child/week for nonmembers and is in addition to enrichment or sports camp cost that they enroll in.** Camp Name(s)/Date(s)/Location(s) \_\_\_\_\_

Does your child require Early Bird Drop-off (from 7:30-camp begins-available only to Green Ridge-based sports and enrichment camps-no transportation)? **Fee is an additional \$25/child/week for Green Ridge Members or \$35/child/week for Non-Members.** YES \_\_\_\_ NO \_\_\_\_

Please list camps that this appliesto: \_\_\_\_\_

Childs T-shirt size - Adult: S\_\_ M\_\_ L\_\_ Child: S\_\_ M\_\_

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_ Nickname \_\_\_\_\_

Child's Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Grade (as of **August 2010**) \_\_\_\_\_

Custodial Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

HomePhone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

List any non-custodial parent who may NOT pick up your child: \_\_\_\_\_  
(must provide copy of custodial agreement)

**\*\*\*NOTE: any non-custodial parents/guardians who will be picking up children must be listed in PART B below.**

**Part B:** Has your child been previously enrolled in ASK or KIC? \_\_YES \_\_NO. If yes, what is the most recent year s/he was enrolled? \_\_\_\_\_. If **YES**, please skip to **Part D** below; if **NO**, please continue with **Part C**.

**Part C:** (You may omit this part if you answered YES to **Part C** above)

1. Please attach a copy of your child's school entrance physical and up-to-date immunization record
2. Please attach a certified copy of your child's birth certificate (this will be returned with registration confirmation).

**\*Registration forms without this information will not be accepted.**

### Part D: Express Assumption of Risk, Binding Release, Waiver & Indemnification of Liability

I, the undersigned, do hereby agree to participate in or allow myself and the individuals in my family to participate in activities at Green Ridge Recreation Center. I assume all risks and liability that may arise from my or my child's involvement and participation in this activity. I understand that this activity carries the possibility of physical injury and may involve physical activity that may be strenuous and there are risks inherent in this recreational activity. Nothing contained herein shall be construed to grant and expressed or implied warranty of safety. I further understand that Roanoke County and its officers, agents, and volunteers are not liable for any injury that may result from the negligence of persons operating this facility. In accordance with section 8.01 -40 of the Code of Virginia, I hereby give permission to be photographed while in the facility, and I give the department permission to use or distribute such photographs and identification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_Parent \_\_\_\_Guardian

### Part E: Emergency Contacts

List at least two persons **other than parents** approved for pick-up\* who may also be contacted in case of an emergency (**name, relationship to your child, address & phone; must be at least 16 years old and live within 30 minutes of Roanoke**):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**\*Children will NOT be permitted to leave with anyone unless their name is on the approved list.**

## Part F: Medical & Health History

*PLEASE WRITE N/A IF ANY OF THE FOLLOWING QUESTIONS DO NOT APPLY:*

Does your child have a history of health problems that the Camp Staff should be aware of?

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Does your child have any disabilities or special needs (developmental, physical, or emotional)? (In accordance with ADA, Green Ridge Recreation Center does not exclude on the basis of ability. Please let us know if your child needs a reasonable adaptation or accommodation to fully participate in the Day Camp program. It is our goal to help each child succeed in all GRRC recreation programming.)

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Please list any medications your child is taking. Please explain:

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Please list any known allergies (medications, bee stings, foods, sunscreen, etc); is allergy airborne, skin contact or ingestion; and any specific actions to be taken in the event of an allergic reaction. (Sunscreen is a necessary precaution and a bottle is kept in the first aid bag at all times. The brand that we use is Banana Boat for Kids SPF 50, which is Paba-free.):

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Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Part G: Parent/Guardian Addendum

*Please initial each item and sign at end.*

- \_\_\_\_ Staff will attempt to notify me whenever my child becomes ill, has behavior issues, or in situations of emergency or inclement weather. I will arrange to have my child picked up within a reasonable time frame.
- \_\_\_\_ My child has permission to travel on all field trips with the 2010 Ridge Day Camp. A schedule of all field trips is included in the registration packet and will be posted at the Green Ridge Recreation Center. Transportation for all field trips will be provided by Roanoke County School Bus or Roanoke County Parks, Recreation & Tourism Department's vehicles. Children will be supervised by Camp staff at all times.
- \_\_\_\_ I authorize Day Camp staff to apply sunscreen to my child(ren) when necessary.
- \_\_\_\_ I give Roanoke County Parks, Recreation, and Tourism staff permission to take my child swimming and wading under the supervision of lifeguards (indicate swimming ability):  
\_\_\_\_ Nonswimmer \_\_\_\_ Swimmer who needs wall support  
\_\_\_\_ Swimmer who can be in deeper water for short periods \_\_\_\_ Swimmer with no restrictions
- \_\_\_\_ If my child or someone in my household comes down with a reportable communicable disease. I will notify staff within 24 hours so they can notify the parents of the other children and local health authorities (all names remain confidential).
- \_\_\_\_ An emergency operations plan has been developed to help staff and participants be prepared for situations. This is posted at Green Ridge Recreation Center, updated regularly, and a copy of the plan can be provided upon request.
- \_\_\_\_ Staff of Green Ridge programs will update parents on the behavior of the participants, If I do not pick up my child, I release staff to share behavioral information to the approved individual on my pick-up list. Written behavior summaries will only be shared with the child's parent or guardian.
- \_\_\_\_ I agree to that a non-refundable payment is due by 4pm Thursday for the next week of service. If payment is not made, my child is subject to withdrawal from the program and a one-time occurrence reinstatement fee of \$10.
- \_\_\_\_ I understand that fees are not prorated for missing days and I will pay for days my child is enrolled.
- \_\_\_\_ I authorize emergency personnel to treat my child in case of an emergency.\*\*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_ Parent \_\_\_\_ Guardian

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

## Part E continued: Ridge Day Camp Additional Pick Up List

For additional individuals allowed to pick up your child, please list below. Include name, relationship to your child, address and phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_

## DEPOSIT/PAYMENT/REGISTRATION INFORMATION

Please enclose \$25 **non-refundable** deposit for each week per child of camp listed in Part A. Make check payable to: Treasurer of Roanoke County. Non-refundable balance due by Thursday one week prior to the start of each camp week.

Return completed registration form, health information (if required), birth certificate (if required) & deposit to:

**Green Ridge Recreation Center**

**Attn: Tammy Tejada**

**7415 Wood Haven Rd**

**Roanoke, VA 24019**

**540-777-6315**

### For Office Use Only:

Deposit \_\_\_\_/\_\_\_\_/\_\_\_\_ amount \$\_\_\_\_ receipt \_\_\_\_\_

Balance \_\_\_\_/\_\_\_\_/\_\_\_\_ amount \$\_\_\_\_ receipt #\_\_\_\_\_

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ staff initials\_\_\_\_\_

Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Termination:\_\_\_\_\_